

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/645415

FILING DATE

8/24/00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND. DEP.		IND. DEP.		IND. DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51		2				
2							52		2				
3		2					53		2				
4		2					54		2				
5		2					55		2				
6		2					56		2				
7		2					57		2				
8		2					58		2				
9		2					59		2				
10		2					60		1				
11		2					61		2				
12		2					62		1				
13		1					63		1				
14		2					64						
15		1					65						
16		1					66		1				
17							67		2				
18							68		2				
19		1					69		3				
20		2					70		3				
21		2					71						
22		3					72						
23		3					73		2				
24		3					74		2				
25							75		2				
26							76		2				
27		2					77		2				
28		2					78		2				
29		2					79		2				
30		2					80		2				
31		2					81		2				
32		2					82		2				
33		2					83		2				
34		2					84		1				
35		2					85		1				
36		2					86		1				
37		2					87						
38		2					88						
39		2					89		1				
40		2					90		2				
41							91		2				
42							92		3				
43		1					93		3				
44		2					94						
45		2					95						
46		3					96						
47		3					97		1				
48							98		1				
49							99		2				
50		2					100						
TOTAL IND.	19						TOTAL IND.						
TOTAL DEP.	158						TOTAL DEP.						
TOTAL CLAIMS	174						TOTAL CLAIMS						

9
 3
 27
 52
 11
 27
 141
 141
 155
 14